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Individualized and intensive daily therapy was provided to 870 New York City pupils with severe speech handicaps in this summer program funded by the Elementary and Secondary Education Act, Title I. The evaluation focuses on pupil's progress in correction of speech problems, the effectiveness of the clinical methods, the reactions of the staff and parents, and on the assessment of pupil attendance. Ratings by speech pathologists of pre- and post-program speech samples show improvement in more than one half of the students. Parents and teachers felt the program was successful. Average attendance approached 75 percent, considered more than satisfactory for a summer endeavor. Clinical methods were generally effective. In sum, the overall evaluation is positive and public funds were well spent. For an extensive description of ESEA Title I projects in New York, 1965-1968, see UD 007 904. (NH)

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EVALUATION OF NEW YORK CITY TITLE I

EDUCATIONAL PROJECTS 1966-67

SUMMER 1967 CLINICS FOR SPEECH HANDICAPPED CHILDREN

By David J. Fox, Fred Wright,
and Leo Goldstein

November 1967

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SUMMER 1967 CLINICS FOR SPEECH HANDICAPPED CHILDREN

David J. Fox, Fred Wright and
Leo Goldstein

Evaluation of a New York City school district educational project funded under Title I of the Elementary and Secondary Education Act of 1965 (PL 89-10), performed under contract with the Board of Education of the City of New York for the summer of 1967.

UD 003 550

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November 1967

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A. Introduction

The Summer Clinics for Speech Handicapped Pupils program was designed to provide individualized and intensive daily therapy for a six week period, 7/5/67 to 8/15/67, for pupils with severe speech disorders. It was further intended to improve the general educational functioning of the pupils enrolled by improving their ability to communicate.

The need for a program of this sort arises from the shortage of facilities and personnel for administering speech therapy in the New York City public school system. At the present time, there are approximately seven speech centers set up for students with severe speech disorders. These centers, however, cannot handle all of the speech problems in the school population. Therefore, an additional staff of itinerant speech teachers travels to schools and administers therapy.

In spite of these programs, there still remains a large number of students who need more intensive and individualized help with their speech impairments. The summer program was instituted to meet the needs of these pupils.

The first objective of the evaluation of the summer program was to assess pupils' progress in correction of their speech problems. A second objective was to evaluate the effectiveness of the clinical methods employed. The third objective was to assess the reactions toward the program of supervisors, teachers and parents, and a final objective was to assess pupil attendance.

B. Description of the Population

New York City speech teachers working at schools located in N.Y.C. poverty areas selected pupils from these schools whom they believed could benefit from a summer program of this sort. Parental consent for this program was obtained for these children who were then assigned to appropriate summer clinics in New York City by the Bureau for Speech Improvement. There was an average working register of 870 pupils for the whole term.

Representatives from non-public schools in poverty areas were also notified of this program and were asked to refer qualified children for summer placement. Approximately 20 per cent of the children registered were non-public school children. The students in the program ranged in grade level from K-12, and in age from five through 19.

There were children in the population with other handicaps as well as speech defects. There were 16 CRMD children, 19 emotionally disturbed children (as diagnosed by the Bureau for Child Guidance), and 110 children with multiple defects; e.g. children with hearing and/or physical handicaps, as well as articulatory defects. Speech defects in this population included stuttering, cleft palate, delayed speech, articulatory defects such as lalling, lisping and infantile perseveration, and voice anomalies such as hoarseness, denasality, and aphonia.

C. Procedures

1. School Procedure

A total of 26 clinics were established. Elementary school clinics were placed in 21 locations. Two licensed speech pathology teachers were assigned to each of these clinics. One junior high school and four high school clinics were provided for students at these grade levels. Since the enrollment at these levels was not as high as at the elementary school level, only one teacher was provided for these schools with the exception of Jamaica High School where there was a need for two teachers.

Daily clinic sessions were held from 9:00 a.m. to 12:00 noon, with pupils attending a 30-minute group session each day, Monday through Friday. The case load for each teacher ranged from 13 to 23 pupils, with day-to-day variations in attendance. Pupils were grouped homogeneously according to age and speech defect where possible. Although generally group size was held to the desired maximum of four, on occasion group size went as high as nine. Individual therapy was also provided when needed.

Each teacher was provided with a room of classroom size, a tape recorder, and other suitable materials such as stick and hand puppets, mirrors, tongue depressors and miscellaneous visual aids. The teaching and therapeutic methods employed were the standard clinical practices appropriate to the various defects. Tape recorders were used to record pupils' speech samples in a standard diagnostic test both before and after the summer session.

Case history data and the standard speech clinic record card were provided for pupils who had already been enrolled in public school speech clinics. Case history and cumulative records were maintained for all pupils enrolled in the summer clinic and these data have been made available to the speech teacher who will follow up on these cases during the Fall term 1967-68. Teachers kept daily attendance records and notes on pupil progress in the Bureau for Speech Improvement standard attendance and record book.

The program was supervised by three licensed Supervisors of Speech from the Bureau for Speech Improvement. These supervisors visited clinics regularly to observe teaching, to review records and reports, and to assist teachers in planning for therapy. The coordinator of the program made a summary report at the conclusion of the summer session.

2. Evaluation Procedures

To achieve the first objective of measuring pupils' progress in correcting their speech problems, tape recordings of pupils' speech were made at the beginning and at the end of the six-week program. A sample of these recordings were presented to two speech pathology experts who listened to pre and post tape recordings of each pupil, unaware of the temporal order of the tapes. They were asked to rate the adequacy of each child's speech, considering age and grade level. A five-point rating scale was used, with a rating of one representing "completely inadequate" speech and a rating of five "totally adequate"

speech. By this method two ratings were obtained for each speech sample for each child. These ratings were analyzed in order to evaluate pupil progress.

A second evaluative method used to measure pupils' progress was having the evaluation team examine the progress reports made by the speech teachers on the speech clinic record card.

In order to assess the effectiveness of the clinical methods employed, speech pathology specialists from the teaching staffs of the City University speech departments visited a random sample of the clinics involved in this program, evaluated the clinical methods employed, and submitted a written report presenting their findings.

In order to assess the reactions of parents, teachers and supervisors to this program questionnaires were submitted soliciting their opinions and attitudes toward the program in general as well as asking for their recommendations for improvement of future programs of this kind.

The final objective of assessing pupil attendance was accomplished by members of the staff of the evaluating team who examined the official records of attendance at the end of the summer session.

D. Findings

Table I indicates the improvement made by a sample of the students in the program. Progress was determined by two speech pathology experts who rated pre and post tape recordings of the students' speech on a five-point rating scale ranging from "completely inadequate" speech

(1) to "totally adequate" speech (5).

TABLE I

ESTIMATED PROGRESS OF STUDENTS AS DETERMINED BY JUDGES' RATINGS OF PRE AND POST TAPE RECORDINGS
(N = 41)

Nature of Change	N	%	Summary N	Summary %
Both judges agree that there is improvement	11	27	23	56
One judge perceives improvement while other judge perceives no change	12	29		
Both judges perceive no change	11	27	11	27
One judge perceives regression while other judge perceives no change	6	15	7	17
Both judges perceive regression	1	2		
Total	41	100	41	100

Of the 41 students heard by the two experts, for 56 per cent the ratings by at least one of the judges indicated improvement. Twenty-seven per cent were perceived as having made no change by both judges, while 17 per cent were perceived to have regressed by at least one of the judges.

Judge A had an average presession rating of 2.51 compared to 2.44 for judge B. The average postsession rating for judge A was 3.05; for

judge B, 2.73. In rating the presession tapes, the judges gave 21 students the identical rating, disagreed by one scale point on 17, and disagreed by two scale points for three of the students.

For the post session tapes, twenty of the students received identical ratings while the remainder, 21, differed by one scale point.

An evaluation of student progress was made by examining each of the judges' ratings independently and combined. All of the students rated "1" by Judge A or Judge B on the presession tape were considered improved on the basis of the post session tape either by one or two scale points. Eleven of the 17 students rated "2" by Judge A on the pre session increased their rating by at least one scale point at post session. Of the 16 students originally rated "2" by Judge B, seven showed a one-point improvement at post session.

Twelve of the students were rated "3" by Judge A at pre session. Of these, seven were judged unchanged at post session while four improved at least one scale point and one showed a regression of one point. Judge B's ratings indicate 13 of 17 "3" ratings unchanged with one improved and three regressing one point.

A rating of "4" adequate speech, was originally given seven students by Judge A. Of these, one was judged "5" at post session while two were unchanged, three regressed one point and one regressed two points.

All three of the students rated as "adequate" by Judge B for the pre session retained that rating for the post session.

An evaluation of a sample of 100 of the progress reports made by the speech teachers on the speech clinic record cards showed that in 44 per cent the teachers believed that their pupils' progress was "good," in 43 per cent that pupil progress was "fair" and 13 per cent considered progress to be "poor."

Reports by the speech pathology specialists who observed a random sample of the speech clinics were generally quite positive. They stated that children were always grouped homogeneously according to age level and speech defect. The emotional climate of the classroom situation was usually rated as very good. Children were considered generally well motivated and stimulated and a fine rapport normally existed between teachers and students.

Furthermore, the observers reported that in the sessions seen, individualized attention was possible and was being administered in an effective manner. Audio-visual aids were available and were being used effectively. Auditory training, phonetic placement and motor-kinesthetic methods were in use and generally being used well.

Finally the observers reported seeing a variety of materials in use in the clinics, and felt they were appropriate to the needs of the students. However, observers did state that in a few of the clinic sessions witnessed, materials were not being used to their best advantage.

Parental Reaction

A questionnaire was sent to a sample of the parents of the children enrolled in this program. Of 240 questionnaires sent to parents, 61 were

returned. One of the items asked parents what they expected from this program. The largest number of expectations dealt specifically with speech problems. For example, sixteen parents mentioned practice in the sounding of words and letters as a major expectation and ten parents listed general help with speech problems as an expectation. However, seven parents were anticipating remedial help in academic areas other than speech, or just general help in education. Eighty-one per cent of the parents who responded felt that "some" to "all" of their expectations were realized, with only sixteen per cent noting that only "a few" of their expectations had been realized. No parent felt that "none" of their expectations had been realized.

Forty-six per cent of the parents indicated that as a result of this program there was a "large" improvement in their child's speech habits. Fifty-two per cent believed there was a "little improvement" and only two per cent stated that there was "no improvement."

Table II summarizes the responses parents gave to questionnaire items asking them if they believed that as a result of the program there had been a change in their "knowledge" about their child's speech problems as well as their ability to give their child more "help with his speech problems" in the future.

Table II shows that 52 (90 per cent) of the responding parents believed that there had been an increase in the amount of knowledge they had about their child's speech problem, as well as an increase in the amount of help they would be able to give their child as a result of the summer program. Five parents felt that while their

knowledge had increased, their ability to help had not, and one felt he had no more knowledge but he could offer "some" more help.

TABLE II

PARENTS' SELF-RATINGS OF CHANGE IN THEIR KNOWLEDGE OF AND ABILITY TO HELP THEIR CHILD WITH HIS SPEECH PROBLEMS (N = 58)

Change in Amount of Help Can Give	Change in Amount of Knowledge			
	Much	Some	None	Total
Much	18	6	0	24
Some	6	22	1	29
None	1	4	0	5
Total	25	32	1	58

To an item on the parents' questionnaire asking what they did not receive from the program that they thought they should have received, a large percentage (42 per cent) of those who responded to this item stated that nothing was left out, that they were very satisfied and that they definitely wanted the program repeated. Eight parents, however, did state that they would have liked the clinic sessions to be longer, or that they would have liked the program itself to have been longer.

Teacher and Supervisor Reaction

A questionnaire was also sent to the teachers and supervisors in this program soliciting their opinions and attitudes toward the program.

Out of 51 questionnaires sent out, 34 were returned. One of the items on the questionnaire asked them what their original expectations for this program had been. Some of the major expectations listed and the number of teachers and supervisors who mentioned them, as well as the extent to which they were realized, are shown in Table III.

TABLE III

MAJOR EXPECTATIONS OF TEACHERS AND SUPERVISORS, NUMBER WHO LISTED THEM, AND EXTENT TO WHICH THEY WERE REALIZED

Expectation	Number with Expectation	Extent Realized		
		Fully	Partially	Poorly
1. Small group and individual attention	22	18	4	
2. Parental cooperation and interest	14	7	6	1
3. Progress in correcting speech defects	13	6	7	
4. Intensive daily therapy	12	9	2	1
5. Greater student interest in development of social and educational attitudes	8	7	1	
6. Good attendance after program started	8	3	5	
7. Good initial attendance	8			8
8. Adequate equipment	5	2	1	2
9. Good carry-over from day to day	4	3	1	

Table III shows that those members of the teaching and supervisory staff who responded to the questionnaire generally felt that their expectations were, if not always fully realized, at least partially realized. The one exception was the expectation for a good initial turnout of students. All personnel who had expected this stated that it was poorly realized.

Another item on the questionnaire to the staff of the program asked them to list what they believed the major strengths of the program were. Eighty-eight per cent responded that the intensified daily therapy was a major strength. Seventy-nine per cent felt that small groups with the inherent individualized attention was another strength. Twenty-seven per cent indicated that the daily contact with many of the parents created more parental awareness of their child's problem.

Teachers and supervisors were asked to list what they believed the major weaknesses of the program to be. Thirty-eight per cent believed that the enrollment methods and procedures were inadequate. Twenty-four per cent felt that the classes were too large, making it difficult to administer individual therapy. Also, twenty-four per cent felt that absenteeism was severe enough to list it as a major weakness of the program. Fourteen per cent felt that low parental interest was a weakness while fourteen per cent stated that the buildings they had to work in were unsuitable. All three of the supervisors stated that the union requirement that senior teachers be given preference in hiring was a major weakness since this sometimes resulted in the hiring of teachers who were inadequate for a program of this nature, while younger,

more effective teachers could not be assigned.

Seventy per cent of the teachers who responded to the questionnaire felt that they were able to provide direct therapy for each pupil's individual needs to a large extent while thirty per cent felt that they were partially able to provide direct therapy. None felt that they were unable to give some direct therapy to each pupil.

Ninety-seven per cent of the teachers responding stated that parental cooperation ranged from fair to excellent. All of the teachers also rated student reaction from good to excellent with the majority of these ratings in the excellent category. Reasons given for this high rating of student reactions were: (1) students were generally highly motivated; (2) individualized attention in small groups with peers and similar handicaps was very helpful to the students; and (3) individualized attention built good rapport between pupil and teacher.

Attendance

An examination of the students' attendance records for the entire summer program showed that the average per cent of daily attendance was 71.2. This figure, however, includes these pupils who were registered for the program and then failed to attend before being officially dropped from the register. If it had been possible to correct for this, a somewhat higher attendance figure would have emerged.

E. Discussion and Conclusions

Evaluation and assessment of short-term programs such as the one under consideration is always precarious and calls for the usual caveats in generalizing from the findings.

A prime indication of the progress made by the students enrolled in this program is the judges' ratings of speech samples taken prior to and at the conclusion of the "experimental treatment." Analysis of these data show the program to be generally "successful" in that more than half the students "improved" over the six-week period while less than one-in-five was judged "poorer." This is not to imply that more than half the students came out of the program with beautiful speech. However, the judges' ratings do indicate a definite improvement on the part of the majority of students. Considering the short-term nature of the program, this finding is both impressive and heartening.

The relative success of the program is further attested to by the reports of the parents and teachers. Teachers considered 44 per cent of the students to have made "good" progress while an additional 43 per cent made "fair" progress. Similarly the parents of the children enrolled in the program indicated general satisfaction. Almost all stated there was some improvement in their child's speech; almost half said there was a "large" improvement. Furthermore, a large number of parents indicated that they knew more about their child's speech problem and would be able to give more help as a result of this program.

Except for the expectation of high initial attendance, the major expectations of teachers and supervisors were realized either partly or

in toto by the program. The opportunities for daily therapy and individualized attention were singled out as major strengths of the program.

Although initial attendance failed to meet the expectations of supervisors and teachers, the records indicate that the 870 students who actively participated in the program had an average attendance approaching 75 per cent. This must be considered as more than satisfactory under summer circumstances.

The reports of the observers indicated they considered the clinical methods used to be generally effective. The factor of individual attention was again noted.

Bearing in mind the short-term nature of this program, the fact that it took place during the summer, and the concern supervisors expressed over requirements for teacher selection, the general, overall evaluation of the program must be positive. Evidence of the effectiveness of this program should be encouraging to those who would like to see such a program regularly instituted and to those who are considering initiating this kind of service for speech-impaired youngsters.

It should also be satisfying to those who worked in this program, for the data of this evaluation indicate that their time, and the public funds involved, were well spent.

CENTER FOR URBAN EDUCATION
SUMMER PROGRAM FOR SPEECH HANDICAPPED PUPILS

Parents' Questionnaire

School_____ Date_____

Name_____

Dear Parent:

We represent the Center for Urban Education which has been designated to evaluate the Summer Speech Program that your child has been attending.

In order to get a clear picture of the successes and failures of this program, we feel that we need to know the opinions and reactions of the parents of the children involved. Therefore, we are sending you this questionnaire for that purpose. We will appreciate it if you will take the time to fill out the following questionnaire and mail it to us in the enclosed envelope. Since our report is due soon, please return it by August 18th.

Thank you for your cooperation.

* * * * * * * * * * *

Directions: Please answer the following questions as best as you can. We are particularly interested in your opinions, attitudes, and criticisms of the summer speech program. All information will be held as part of an evaluation of the program, and your answers will be held in strict confidence.

I. How did you hear about the program?

II. What were your original expectations of the program? (What kind of help did you expect to get?)

III. To what extent were these realized? (Please check one of the following.)

1. Completely_____
2. Most were realized_____
3. Some were realized_____
4. Only a few were realized_____
5. None was realized_____

Parents' Questionnaire (cont.)

IV. As a result of this program, what improvement has there been in your child's speech habits? (Please check one of the following.)

1. No improvement_____
2. A little improvement_____
3. A big improvement_____

V. As a result of this program, has there been a change in how much you know about your child's speech problem? (Please check one of the following.)

1. No change_____
2. I know a little more about it_____
3. I know much more about it._____

VI. As a result of this program, do you feel that you will be able to give your child more help with his speech problems in the future? (Please check one of the following.)

1. No change in amount of help_____
2. I will be able to give a little more help_____
3. I will be able to give much more help._____

VII. What did you not get from the program that you thought you should have gotten?

B3

Code_____
(Leave Blank)

Center for Urban Education
Summer Clinics for Speech Handicapped Pupils

Questionnaire for Speech Therapists and Supervisors

School_____ Date_____

Introduction: We realize that questionnaires asking similar questions to those below have already been submitted to you by the Bureau of Speech Improvement. However, in order to satisfy the deadlines and requirements of the Federal funding for this summer program, we must gather our own data independently assessing your reactions to this program. Thank you for your patience and assistance.

Directions: Please answer all of the following questions. We are particularly interested in your opinions of the program and your general response, either positive or negative, to the program as a whole. Your responses will be held strictly confidential and no data will ever be identified with a specific clinic in any or our reports.

What licenses do you hold?

Specific training and experience for your current position.

1. Please describe your job responsibilities.

2. What were your original expectations of the speech therapy program?

Expectation	Extent Realized
1.	
2.	
3.	
4.	
5.	

Questionnaire for Speech Therapists and Supervisors (cont.)

4. How do you feel about the program now?

5. What, in your opinion, are the major strengths of the program?

6. What, in your opinion, are the major weaknesses of the program?

7. If you had the opportunity to plan another speech program for the next summer, what recommendations would you make? (What would you add or delete from the present program?)

8. To what extent have you been able to provide direct therapy for each pupil's individual needs?

9. In general, how good was parental cooperation?

   a) Excellent
   b) Good
   c) Fair
   d) Poor

10. In what ways have the parents benefited from your service?

11. What was the general student reaction?

    a) Excellent
    b) Good
    c) Fair
    d) Poor

    Why?

Note: On original questionnaire, questions calling for extended comments allowed considerably more space than is shown here.

APPENDIX C

Staff List

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